

BIRTH NO. _____ REG. DIST. NO. 66 PRIMARY REG. DIST. NO. 4117 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>William Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Charl</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rothville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rothville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Collins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11/26 51</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 19/1867</u>	9. AGE (In years less birthday) <u>84</u>	# UNDER 1 YEAR Months <u>3</u> Days <u>7</u>	# UNDER 2 Wks. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William C Collins</u>	13b. MOTHER'S MAIDEN NAME <u>Cassie S Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Mary M. Scherr</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary M Collins</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Do not know</u> <u>Do not know</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, Gastric Carcinoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ulcers</u> DUE TO (c) <u>K</u>		
19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov 24</u> , 19 <u>51</u> , to <u>Nov 26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 26</u> , 19 <u>51</u> , and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.		23. SIGNATURE <u>E. S. Quack</u> (Degree or title) <u>M.D.</u>	
23a. SIGNATURE		23b. ADDRESS <u>Rothville MO</u>	
23c. DATE SIGNED <u>11-28-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11/29/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rothville</u>	24d. LOCATION (City, town, or county) (State) <u>Rothville MO</u>
DATE REC'D BY LOCAL REG. <u>Nov 30-</u>	REGISTRAR'S SIGNATURE <u>Maud Wright</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Shepard</u> ADDRESS <u>Mendon MO</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: DEC 4
DISTRICT HEALTH OFFICE
District File Number 12-57
Date Filed: DEC 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed L. L. Leiper

Licensed Embalmer No. 3970

P. O. Address Mendon MA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.